

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 05/31/01?
 - b. The request was received on 02/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFA-1500
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. HCFA-1500
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/21/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/21/02. The response from the insurance carrier was received in the Division on 06/04/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case

III. PARTIES' POSITIONS

1. Requestor: per TWCC-60
"The carrier is denying these codes due to global and pre-auth- this patient went through the spinal surgery process & had a 2-1 decision in favor of the surgery this makes the carrier liable for all reasonable & necessary care related."
2. Respondent: letter dated 06/30/02
"This carrier denied the charge associated with CPT code 63047-80 with the explanation that the service was global to another procedure, CPT code 22630. However, upon

review it appears the requester is billing with CPT code 63047 for L3-4 level of the spine, a level of the spine not prospectively recommended or approved. Therefore, this carrier should have denied the charge in dispute because this carrier was denied the opportunity for prospective review of the surgery. The requester's charge billed with CPT code 20975-80 (electrical stimulation to aid bone healing, invasive) was denied per TWCC Rule 134.600 (h)(3) which requires preauthorization for bone stimulators."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 05/31/01.
2. The carrier's EOB has the denial "G – ACCORDING TO THE AAOS GLOBAL DATA FOR ORTHOPEDIC SURGERY PUBLICATION THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE" and "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED".
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | BILLED | PAID | EOB Denial Code | MAR | REFERENCE | RATIONALE: |
|---------------|----------|-----------|--------|-----------------|-----------|---|---|
| 05/31/01 | 63047-80 | \$1000.00 | \$0.00 | G | \$1770.00 | <u>Global Service Data for Orthopaedic Surgery, 1994</u> | The Medical Review Division will only address issues raised by the carrier prior to the request for medical dispute resolution. The carrier's letter dated 08/13/01, in response to the provider's request for reconsideration, states, "Code 63047-80 will continue to be globalized to code 22630-80". Per the <u>Global Service Data for Orthopaedic Surgery, 1994</u> , the CPT code 63047-80 is not global to CPT code 22630-80. Therefore, reimbursement of \$442.50 is recommended. |
| 05/31/01 | 20975-80 | \$250.00 | \$0.00 | A | \$455.00 | Texas Workers' Compensation Commission Act & Rules, Rule 134.600 (h)(3) | The dispute packet contains no documentation that this service/procedure was preauthorized as required by the referenced Rule. Therefore, no reimbursement is recommended. |
| Totals | | \$1250.00 | \$0.00 | | | | The Requestor is entitled to additional reimbursement of \$442.50. |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$442.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of July 2002.

Larry Beckham

Medical Dispute Resolution Officer

Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.